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Edwin L. Morgan

# CASE OF IDIOSYNCRACY FROM IPECAC,

## WITH REMARKS,

BY

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OF WASHINGTON, D. C.

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# Art. IV.—CASE OF IDIOSYNCRACY FROM IPECAC, WITH REMARKS.*

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While stationed on the frontier at an Indian agency, I was called in to see Mrs. K———, a handsome quarter breed woman, aged about 48 years, who was suffering from a violent attack of bronchitis, which confined her to the house. I gave her a six ounce cough mixture containing one ounce of the syrup of ipecac. She was immediately seized with a violent, obstinate, and prolonged attack of vomiting each time she took a teaspoonful of the mixture. I had to omit ipecac in her cough medicine, so susceptible was she to the smallest quantity of it. I had tried in her case a number of experiments, always with the same result, though somewhat modified by the quantity used in each dose. She suffered from no other bad effects of the ipecac.

Mrs. K——— was always a sufferer more or less during the winter and early spring from laryngitis (losing her voice for several weeks), bronchitis, frequent attacks of coryza, and occasionally rheumatism. Her grandchild (about a year old), sick about the same time, showed a remarkable tolerance of the syrup of ipecac, having been given, at different times, in doses varying from a teaspoonful to a tablespoonful, and repeated. In fact, I gave one dose of more than a half an ounce, and another still larger. I was unable to vomit this child with the syrup of ipecac, but used another emetic with the desired effect. This preparation of ipecac in the child's case acted as a sedative. The only effect it had was to make it drowsy and cause sleep for several hours. It caused no action on the bowels, nor did any bad effects follow the use of the drug. When the large doses were given to the child, previous experience told me it would be useless to use a small dose. The tolerance and intolerance in the child and grandmother were well marked so far as the syrup of ipecac was concerned. The same preparation was used in each case.

The subject of idiosyncracy from ipecac has so much of interest in it to me that I have thought mention of other cases would not be without interest to others.

Mr. F———, a druggist of this city, age 50 years, has kindly given me a history of his own case regarding ipecac. He began the study of pharmacy when a boy. He had always enjoyed good health, never being susceptible to catarrhal affections of the respiratory tract, nor had he ever suffered from any of these diseases. On one occasion, while weighing powdered ipecac root, he was immediately seized with paroxysms of sneezing, followed by asthma, which caused him in his alarm to rush out so as to get fresh air, so intense was his suffering. So susceptible is he to the unpleasant effects of the drug that he cannot take any of its preparations, nor can he remain in his store when powdered ipecac is being dispensed, for he is immediately seized with paroxysms of sneezing, running from the nose, accompanied with itching of a most aggravating type, which extends to the nose, pharynx, mouth, and especially affects the tonsils. Owing to the itching principally, he felt as if he would like to tear out his tonsils, for the agony located in these glands was indescribable, and caused him to grasp the outside of his throat during his intense sufferings. His eyes itched, were inflamed, and large pouches formed on and under the lower lids; there was also a profuse secretion of tears. The itching extended along the Eustachian tube to his ears. Dyspnœa was well marked, with a sense of impending suffocation; there was a sensation of stricture around the chest, accompanied with a feeling of precordial oppression; the body was also bathed in profuse perspiration. Finally, from exhaustion, he would sink into a deep sleep. These attacks would last about four hours, leaving him with a cough and profuse expectoration, lasting for several days. On several occasions he had taken both the syrup of ipecac and the wine; as a result, he suffered with the same train of symptoms as were caused by inhaling the powdered ipecac, the itching extending down the œsophagus into the stomach.

*Read at a meeting of the Medical and Surgical Society of the District of Columbia, May 9, 1892.

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Some years ago this gentleman had a clerk in his store who was, in a mild degree, susceptible to the unfavorable effects of powdered ipecac root. He could neither weigh nor handle the drug without being seized with paroxysms of sneezing, accompanied by an excessive secretion from the nose, lasting several hours. He had no other symptoms than those already mentioned.

Dr. William H. Ward, of this city, having heard his preceptor, Dr. Chas. H. Stevens, of Baltimore, say that the smallest quantity of powdered ipecac would produce an unpleasant train of symptoms in his case, tried the experiment of taking out the cork of a bottle of powdered ipecac root while the old doctor's back was turned, giving it a slight shake, whereupon Dr. Stevens, exclaimed, "You young rascal, you have opened that bottle of ipecac." The doctor was at once seized with paroxysms of sneezing, accompanied by a watery discharge from the nose, followed by an attack of asthma, which confined him to his bed two or three days. This attack occurred during the month of September, which was clear, warm and pleasant.

In the "*Annual of the Universal Medical Sciences*" for 1890, Volume V, page 85, Section A, is reported a condensed account of Ernest Sangree, case copied from "Times and Register," August 10th. Idiosyncracy to ipecac. Nausea, vertigo and flushing of the face, caused by a dose little less than two drops of the wine of ipecac.

"Remarkable case of poisoning through the swallowing of inhaled dust of ipecac roots." Dr. Prieger. Rust *Magazine für das gesammelte Heilkunde*, 1830, pages 182 to 184. A man who was pounding the roots of ipecac, having occasion to cough, removed the handkerchief that protected his mouth and nose. He blew his nose several times and so breathed the dust and swallowed it with the saliva, upon which he vomited three times and had palpitation. He immediately stopped his trituration, yet an hour later had a heavy suffocating spasm of the glottis and œsophagus, death-colored face, severe mental anxiety, which attack increased in severity every minute. A physician was called in, who gave him a number of remedies, besides bleeding the man. The attack diminished, but after five hours returned with increased severity, so that for several hours he was threatened with suffocation from spasm of the glottis. After an hour's treatment he could breathe, but the difficulty of breathing persisted for several days, although the man was able on the second day to go out. The doctor supposed the ipecac to have been swallowed.

Dr. Sohon, who translated and condensed the above history of this case, believes inhalation to be the cause of his attack.

In the *Boston Medical and Surgical Journal*, December, 1843, Dr. Ashbell Patterson mentions the fact that Uriah Turner wrote an account of his own case: "Asthma caused by Ipecac." In Volume XXIX (of this same journal), page 13, Dr. Patterson narrates his own case as follows: He was a dyspeptic, having a tendency to diseases of the respiratory system. At the age of twenty he had a catarrhal affection, which "impaired" his sense of smell, and he was unable to perceive odors unless very pungent. When twenty-five years old, he had occasional paroxysms of sneezing; the attacks coming on suddenly, "the convulsive effort was sudden," and often "painfully violent." Occasionally these paroxysms were accompanied with "dyspnœa, or a suffocating sense of stricture of the chest," "a most distressing oppression at the precordia"; there was a "harassing titilation of the nostrils"; at times nausea and convulsive but ineffectual efforts to vomit. On one occasion, having to administer ipecac as an emetic, he suffered the symptoms already mentioned. In ten to fifteen minutes "severe and convulsive paroxysms of asthma occurred, with a sense of suffocation, paroxysms of sneezing," lasting two hours, gradually subsiding with cough and expectoration.

At another time he entered a drug store where some powdered ipecac had been spilled on the counter and then brushed off with a brush. For half an hour the doors and windows had been open, and a current of air was passing through the store. In two minutes he was attacked as usual with sneezing, etc., and he was laid up for a day.

"A young man in his office transferred from a paper to a jar some powdered ipecac; in half an hour from that time he returned to his office, and his usual symptoms returned." He had a sense of exhaustion, suffocation, precordial oppression, extreme nausea, ineffectual efforts to vomit, spasm of the diaphragm, and muscles of the chest and abdomen. He could not use "Dover's Powder" without causing a convulsion and harassing cough, dyspnœa; spasm of the muscles of respiration on attempting to talk; "the predisposition to asthma was unquestionably produced by the early catarrhal affection already medtioned." The doctor goes on to state that fogs caused asthma in his case, but these paroxysms were in a great degree free from that sense of sinking, nausea, and spasms as caused by ipecac.

In the *Western Journal of Surgery and Medicine*, Vol VIII, 1843, 2nd Series, pages 85–97, Felix Robinson, M. D., of Nashville, Tenn., relates the following case:

While putting up a dose of powdered ipecac "was suddenly seized with a violent attack of asthma, attended with distressing dyspnœa and oppression at the precordia." Some time afterwards he became liable to asthma from other exciting causes, gave up his practice, traveled in Texas, sleeping out of doors in the open air, etc. He was gone from home six months; during this time he had no return of attacks of asthma. Roughing it would seem liable to cause the disease, yet it had no effect whatever. "He returned home and resumed practice. His stomach, on one occasion, being deranged, he thought it advisable to take an emetic," the preparation being wine of ipecac. The moment he swallowed it, there was in his "throat and stomach a sensation" "indescribable, but as intolerable to be borne," which he discribed to be as if he had "taken a drink of melted lead." His suffering was so great that he was unable "to think of any method for relief; but with great agony he leaped out of bed and rolled on the floor from side to side of the room." He drank large quantities of warm water, which produced vomiting and somewhat relieved his intense suffering. "The distress subsided slowly," which was followed by an attack of asthma. Powdered ipecac by inhalation caused attacks, fumes of burning sulphur, "and the exciting causes seem to multiply with every return of the disease." If he entered a drug store shortly after ipecac had been handled, he occasionally had dyspnœa. He was compelled to give up practice, used snuff to lessen the irritability of the mucuous membrane of the nose (as it seemed to commence there, extending to the bronchial tubes and ramifications.) In a year's time he was "nearly, if not entirely, well."

About three years after, he put some liquid on his tongue taken from a bottle supposed to contain wine of ipecac, "having about forgotten his previous experience." Instantly "that peculiar burning, indescribable sensation was felt in the mouth, which rapidly extended itself to the fauces, and down the throat and bronchia." For two hours he was a great sufferer; had considerable dyspnœa, which gradually disappeared. The most remarkable fact is that ipecac was a favorite remedy with him, which he had always freely used until he had these attacks as a result of the use of the drug. One of the interesting points in his case was the great quantities of mucus—in fact, mouthfuls (which expectoration was free), would be thrown up in the morning, resembling transparent worms, which, on examination, proved to be thickened mucus that had collected in the small ramifications of the bronchial tubes during sleep, and were discharged as casts of those tubes. It is remarkable how the man could breathe, much less sleep, owing to the large quantities of mucus discharged in the morning on his stirring around.

*Medical and Physical Journal*, 1810, pages 199–203, Volume XXIII, Mr. B. refers to Mr. Spencer's statement, the "pernicious effects of ipecac upon his apprentice"; he then narrates his own case: In 1787, while powdering ipecac roots, he was seized with sneezing, profuse "defluxion from the eyes and nose"; "these symptoms continued without intermission for many hours, accompanied by great heat and anguish throughout the cavity of the thorax, and the most oppressive dyspnœa." Being exhausted by this violent attack, he was carried to bed, and was supported, being unable to lie down. The next morning he was still suffering, and was very weak, "with all the usual appearances of a severe catarrh." Previous to this attack he had never been affected by ipecac; if so, he was never aware of the fact, but attributed the effects to a cold. From the first attack he suffered from catarrh. The slightest motion of the "simple or compound powder of ipecac" induced precisely similar, but more gentle effects. In weighing the powder, he was compelled to cover his nose and mouth, wearing the covering for half an hour after, for if he removed the cloth he had another attack. Finally, he had to leave his shop while ipecac was being handled. Should he enter the drug store of another, long after it had been handled, instantly he had a recurrence of these very distressing sensations. He had tried various methods of relief without success, except "copious draughts of warm water, which appeared to promote expectoration; as this increased, the symptoms became gradually less irksome."

Being already aware of the effects of the drug if inhaled, about a year from the first attack he took a dose of "compound powder of ipecac in the form of a bolus." He at once felt pains in the chest, dyspnœa, "but not so acutely" as when inhaled, and there was no sneezing in his case nor defluxion.

On one occasion, while coughing on the street, a friend presented him with a few "lozenges." On taking one, it had scarcely dissolved in his mouth, when he "felt a pungent roughness in every part of the mouth," causing a great secretion of saliva. This was not the case in preceding attacks, as the "excretory ducts uniformly denied their offices," there being a disagreeable dryness of the mucous membrane. "As this acrid sensation extended to the lips, they became prodigiously swollen and inflamed." On the fauces he "experienced the like effects,"

with a teasing, itching irritation. "It descended into the trachea," causing pain and dyspnœa. Likewise it proceeded down the œsophagus, causing slight heat in the stomach, passing "with moderate gripings," throughout the intestinal canal. Of all the symptoms, the swelling and soreness of the lips lasted the longest.

Some powder was brought to his house, with an order to prepare some more of the same kind. Placing a small quantity on his tongue, he experienced the same symptoms as the case of the lozenges, but in a milder degree. The prescription contained one grain of ipecac and ten of calcined magnesia. Afterwards he discovered that the lozenges contained ipecac, which idea suggested itself after tasting the prescription of ipecac and magnesia. He was liable to take cold, and his susceptibility to the action of ipecac varied but little until he was thirty years of age. The violence of the effects of ipecac has considerably diminished. The catarrhs occur at longer intervals, with increased difficulty of breathing and serious derangements of health. One of his parents was liable to catarrh, and at the age of forty had a severe attack of asthma."

The editor of the journal just quoted states that his father could take Dover's powder without having any bad effects, while the inhalation of ipecac affected him.

In the *Philosophical Transactions of London*, Volume IV, page 168, Dr. Wm. Scott narrates the history of his wife's susceptibility to the "effluvia of ipecac." When Mrs. Scott was in another room adjacent to one in which ipecac was being powdered, or dispensed, she would suffer from a certain train of symptoms, which she attributed to ipecac. Her husband regarded this idea as a fancy. Previous to her marriage, she enjoyed good health except about the time of her sickness, when she had nervous headaches that used to affect her temples. Some time after marriage, she complained of shortness of breath, stricture about the throat and breast; also a wheezing noise. These attacks came on suddenly; were often so violent as "to threaten immediate suffocation," causing spasm of the throat and chest. The duration of these symptoms were sometimes longer, and sometimes shorter.

June 3rd, 1775.—The doctor, forgetting his wife's susceptibility to the influence of ipecac, put into another bottle some of this powdered drug, she "not being far off at the time." Before the bottle was filled, she "called out she felt the ipecac." At once her throat was affected; she was seized with a sense of stricture about the breast and difficulty of breathing. She was advised to walk out in the air, but this did not have the desired effect. She shortly retired to bed, being ill the whole night. At 3 A. M., she was gasping for breath at the window; "was pale as death;" her pulse could scarcely be felt. A number of remedies were tried for her relief without avail. She continued in this condition, "with few or no intervals of ease, till 9 o'clock that morning." Being almost exhausted, she fell into a "disturbed sleep;" "the difficulty of breathing, with wheezing noises, still continued, with little abatement." About 11 A. M., her breathing was still difficult, and her eyes looked red and inflamed.

Dr. Brown, "an eminent physician of Newcastle-on-the-Tyne, called on Mrs. Scott, and said he knew of "pretty much a similar case." Mrs. Scott was very ill, as the result of her idiosyncrasy to ipecac, for eight days. About five days after she was affected, her sickness came on, "although it was then only about the middle of the usual period." She sometimes coughed up small quantities of blood; occasionally a small amount was found in her stools and urine.

Dr. Scott goes on to say; "Quincey, however, if I remember right, mentions its producing asthma."

Also Mr. Leighton, a surgeon and apothecary in Newcastle, says his wife is affected by the "effluvia of ipecac," and she suffers from the same effects as in the case of Mrs. Scott.

In the *Medical Physical Journal, London*, Volume XXIV, page 233–236, Dr. Wm. Scott also reports the history of his wife's idiosyncrasy in this journal (see *Edin. Med. and Ph. Com.*, Volume IV, page 75). In addition to the symptoms already mentioned, he says she expectorated a tough phlegm and had a disagreeable metallic taste in her mouth. She had several children.

In the same journal, page 60, T. Trotter, M. D., reports the case of the wife of his preceptor, who was seized with asthma when "ipecac root was pounding in the shop." Even when in a distant part of the house she was effected. She was a very nervous woman.

The wife of Dr. Buckland, of Wooler, in the same journal, page 233: Dr. Hall gives a history of this lady, and says the "effluvia of ipecac," when being handled, caused dyspnœa, etc , even when she was not in the room. She was not susceptible to other powders. He had heard of other ladies being affected by ipecac.

In the *Boston Medical and Surgical Journal*, 1850, Volume XLII, page 391, T. W.

Sheriff relates his own case, having himself been affected by ipecac when respiring particles of the powder, as also when taking it internally; having had an attack of rubeola, attended with a cough and severe dyspnœa, being the second time he was affected with this disease. He had several attacks of severe catarrh, attended with asthmatic symptoms. In the spring of 1841 these attacks became frequent, and, although severe, lasted twelve hours, ending in a "copious secretion of mucus." He was alarmed at his condition, and was often puzzled to account for the asthma, the attacks coming on unexpectedly. His general health was good.

In the "*Cyclopœdia of Practical Medicine,*" he read an article stating that ipecac frequently caused asthma. He immediately prepared Dover's powders, and "was, in a few minutes, violently affected." He frequently repeated this experiment with the same result. When affected on former occasions, he obtained relief by smoking tobacco. Until the last six years he had often taken large doses of ipecac, and had constantly been compounding the drug without any bad effects. He attributed his idiosyncrasy to this drug as the result of the attack of measles. (*American Medical Journal.*)

In the *Medical News* of Philadelnhia, Volume LIX, No. 24, page 629, Dr. James Mitchell gives an account of his idiosyncrasy to the drug ipecac. The smallest quantity of ipecacuanha in the atmosphere caused violent sneezing—"severe coryza"—accompanied with asthama. He abandoned the use of the powder, using the tincture. If, in dispensing it, he soiled his hands with a drop or two of the tincture, and failed immediately to wash them, a decided irritation was set up in those parts which the solid fingers came in contact. Having taken the drug internally several times, he "suffered with excessive nausea, violent vomiting and retching, accompanied by a sense of burning pain and colic in the abdomen." "Speedy relief" was obtained from the ingestion of castor oil."

Sydney Ringer, in his *Hand-Book of Therapeutics*, gives one of the best accounts of the physiological action of ipecac that I know of, which seems to apply, in nearly all its details, to the cases reported this evening. In speaking of ipecac, he says: "When applied to the skin, ipecacuanha, after some time, produces a sensation of warmth, attended with redness and the formation of papules. Sometimes, it even produces pustules, which, on healing, are not followed by pitting or scarring." . . "Excites the flow of saliva." . . . . "In some persons, the minutest quantity produces peculiar effects on the membrane, covering the eyes and lining the nose and respiratory tract. On smelling the drug, or even entering a room where it is kept, they are affected with swelling of the loose tissue around the eyes, with injection of the conjunctiva, repeated sneezing, abundant discharge from the nose, severe tensive frontal pain of the head, much oppression at the chest, with frequent cough, and the signs and symptoms of bronchitis. Ipecacuanha thus excites symptoms and appearances similar to those occurring in hay fever—that is, it excites a certain catarrhal inflammation in the mucous membrances. It is highly probable that ipecacuanha produces similar results in all persons, and that its action on individuals differs only in degree."

There is no doubt that many persons are affected by ipecacuanha in the same way as those cases already reported. Yet comparatively few cases have been recorded during the last one hundred years.

There is another case reported in the *Medical News* that I have not mentioned. I examined the catalogues at the "Army and Navy Medical Museum Library" for all the cases to be found under the heading of idiosyncrasies to ipecac, and I have endeavored to give a condensed account of the history of those affected unfavorably by the drug. Doubtless many of these cases have not been catalogued, which I found to be the case in my researches, while still others may have escaped my notice.

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